

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-027633

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

164

Primary Registration District No.

3032

Registrar's No.

107

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

FILED JUL 16 1962

1. PLACE OF DEATH a. COUNTY <i>Johnson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Johnson</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Warrensburg</i>		Length of stay in 1b <i>16 Days</i>	c. CITY OR TOWN <i>KnobNoster</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Warrensburg Med. Center</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>205 W. McPherson</i>
3. NAME OF DECEASED (Type or print) First <i>RALPH</i> Middle <i>LEMLEY</i> Last		4. DATE OF DEATH Month <i>July</i> Day <i>10</i> Year <i>1962</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>12/10/1882</i>
9. AGE (last birthday) <i>79</i>		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farming</i>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) <i>Johnson County, Mo.</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>	
13a. FATHER'S NAME <i>John Lemley</i>		13b. MOTHER'S MAIDEN NAME <i>Rebecca Elder</i>	
14. NAME OF HUSBAND OR WIFE <i>Hazel Lemley</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>	
16. SOCIAL SECURITY NO.		17. INFORMANT Address <i>Hazel Lemley KnobNoster, Missouri</i>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cardio-Vascular collapse</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Dehydration - malnutrition</i> DUE TO (c) <i>Cerebral atrophy</i>			INTERVAL BETWEEN ONSET AND DEATH <i>16 days</i> <i>2 years</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Generalized Arteriosclerosis</i>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <i>3:15</i> Month <i>6</i> Day <i>24</i> Year <i>62</i> a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <i>Warrensburg, Missouri</i>	
21. I attended the deceased from <i>6-24-62</i> to <i>7-10-62</i> and last saw her/him alive on <i>7-10-62</i> Death occurred at <i>3:15</i> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <i>U.S. Fisher M.D.</i> (Degree or title)	
22b. ADDRESS <i>Warrensburg, Missouri</i>		22c. DATE SIGNED <i>7/11/1962</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>July 12, 1962</i>	23c. NAME OF CEMETERY OR CREMATORY <i>KnobNoster Cemetery</i>	23d. LOCATION (City, town, or county) <i>KnobNoster, Missouri</i>
24. FUNERAL DIRECTOR <i>The Brauningers Warrensburg, Missouri</i>		25. DATE RECD. BY LOCAL REG. <i>July 12, 1962</i>	
26. REGISTRAR'S SIGNATURE <i>Savannah Crutchfield</i>			

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Stephen E. Robinson

Licensed Embalmer No. 5181

P. O. Address Warrensburg, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.